

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Finance, Planning and Performance Committee on Tuesday 6 August 2024 at 9.30 am via MS Teams

PRESENT

Ms Margaret Kerr (in the Chair)

Ms Mehvish Ashraf	Ms Ketki Miles
Ms Ann Cameron Burns	Mr Colin Neil
Mr Martin Cawley	Dr Paul Ryan
Cllr Chris Cunningham	Dr Lesley Thomson KC
Mrs Jane Grant	Mr Charles Vincent
Ms Lesley McDonald	Ms Michelle Wailes

IN ATTENDANCE

Dr Jennifer Armstrong	Medical Director
Mr Andrew Baillie	Depute Programme Director, Major Projects
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Denise Brown	Director of Digital Services
Ms Chloe Cowan	Senior R&I Manager
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Kim Donald	Corporate Services Manager, Governance
Ms John Donnelly	Programme Director, Major Projects
Mr William Edwards	Chief Operating Officer
Ms Katrina Heenan	Chief Risk Officer
Ms Christine Lavery	Chief Officer, Renfrewshire HSCP
Ms Claire MacArthur	Director of Planning
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Fiona McEwan	Assistant Director of Finance- Financial Planning & Performance
Ms Antoinette Parr	General Manager, Medical Illustration / DCPB
Mrs Louise Russell	Secretariat Manager (Minutes)
Professor Tom Steele	Director of Estates and Facilities
Professor Angela Wallace	Nurse Director
Mr Scott Wilson	Senior Business and Delivery Manager
Mr Arwel Williams	Director – Diagnostic and Regional Services

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		ACTION BY
62.	Welcome and Apologies	
	<p>The Chair welcomed those present to the August meeting of the Finance, Planning and Performance Committee.</p> <p>The Chair highlighted that there had been a change to the membership of the Committee following the recruitment of new Board Members in July.</p> <p>Apologies were noted on behalf of David Gould.</p> <p><u>NOTED</u></p>	
63.	Introductory Remarks	
	<p>The Chair acknowledged the shortened agenda, however noted that there were a number of strategic items to cover.</p> <p><u>NOTED</u></p>	
64.	Declaration(s) of Interest(s)	
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations of interest.</p> <p><u>NOTED</u></p>	
65.	Minutes of Previous Meeting held on 11 June 2024	
	<p>The Committee considered the minute of the meeting held on 11 June 2024 [Paper No. FPPC(M)24/03] and were content to approve the minute as a complete and accurate record, pending the following minor amendments:</p> <ul style="list-style-type: none"> • Date of meeting to be amended to 11th June. • Apologies for Dr Paul Ryan to be added. <p><u>APPROVED</u></p>	Secretariat
66.	Matters Arising	
	<p>a) <u>Rolling Action List</u></p> <p>The Committee considered the Rolling Action List (RAL) [Paper No. 24/41]. The following updates were provided:</p>	

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	<p><u>Item 75 – Review of IJB Integration Scheme</u> Ms Beth Culshaw reported that there had been a number of meetings held to consider the issues raised and colleagues from the Scottish Government had been updated on the current position. In response to a question regarding the impact on other IJB's, the Committee noted that this had been raised locally and resolved. The Committee received assurance that this had been given focus and work was being carried out to progress this action. This item would remain open on the Rolling Action List.</p> <p>The Committee was content to accept the other items as closed and were content to approve the RAL.</p> <p><u>APPROVED</u></p>	
67.	Urgent Items of Business	
	<p>The Chair asked members if there were any urgent items of business.</p> <p>Mr Colin Neil, Director of Finance, updated on discussions in relation to a Laboratory Managed Service Contract legal case. Mr Neil explained that, following the end of the tender process, Roche Diagnostics Limited had been appointed as the successful competitor. However, an error rate in scoring and methodology had been discovered, therefore the tender wasn't progressed and an extended term with the current provided was agreed. Mr Neil reported that Roche Diagnostics Limited had challenged the decision and on 26th July, a letter was received from Roche Diagnostics legal representative regarding the intention to take action. Mr Neil provided assurance that regulations had been followed and that a dedicated Procurement Team had been involved in the process, along with input from National Procurement and Morton Fraser MacRoberts as legal representation. A full paper, including background detail, would be provided to the Committee in October 2024.</p> <p>There were no further urgent items and the Committee were content to note the update.</p> <p><u>NOTED</u></p>	Mr Neil
68.	Transformation of Specialist Neurosciences, OMFS and Spinal Injuries Services in the West of Scotland – Pre OBC – Economic Case	
	<p>The Committee considered the paper Transformation of Specialist Neurosciences, OMFS and Spinal Injuries Services in the West of Scotland – Pre OBC – Economic Case [Paper 24/42] presented by Professor Tom Steele, Director of Estates and Facilities, for approval.</p>	

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	<p>Professor Steele provided an overview of the work that had been undertaken to identify a preferred option for the re-provision of the Institute of Neurological Sciences on the Queen Elizabeth University Hospital Campus. Due to national challenges around the availability of capital funding, a targeted investment option was investigated.</p> <p>Professor Steele invited Mr Arwel Williams, Director, Diagnostic and Regional Services, to provide a short presentation setting out the work that had been carried out to identify a preferred site option following approval of the initial agreement by the Scottish Government Capital Investment Group in March 2023.</p> <p>At the Initial Agreement stage, there were 16 options to consider, including other GGC and West of Scotland sites. Other options on the Queen Elizabeth site were considered, however, were ruled out as they required major reconfiguration in a live acute hospital environment and significant displacement of existing QEUH facilities. Mr Williams covered the 4 options; Option 0 - Do Minimum, Option 1 - Single New Build, Option 2 - New Build campus, Option 3 - Maximum refurbishment and Option 4 - Phased Campus Approach. Following appraisal, Option 1 – Single New Build, was the preferred option. The Committee noted that - Options 1 and 2 could deliver a new acute facility quickly, without the need for decant accommodation and with minimal disruption to existing services. The next steps would be submission to the August NHSGGC Board, and then the Scottish Governance Capital Investment Group in Autumn 2024.</p> <p>In response to a question regarding implications for existing buildings, the Committee noted the challenges with buildings of this genre, however, buildings were appropriately maintained. The Committee received assurance that patient care and continuity of service remained at the forefront of the plan</p> <p>Some concern was noted regarding the resource that had been used if the project may not be progressed, however, the Committee noted an internal team had been appointed, the project was fully funded and the resource was well managed.</p> <p>The Committee discussed the implications going forward and noted concern regarding the serious clinical risks if the neurosciences facility was not developed. The Committee noted that the building had reached the end of life and had particular issues with drainage, which had led to major flooding in the past. This caused significant disruption to services when these issues were experienced. Due to the specialised nature of neurosurgery, there had been nowhere to move the service to. This resulted in a waiting list building up which was challenging to reduce.</p>	

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	<p>The Committee discussed the importance of the plan fully detailing the risk to service if the capital budget was not allocated to the project.</p> <p>The Committee were content to approve for submission to the NHSGGC Board in August 2024.</p> <p>APPROVED</p>	Prof Steele/Mr Baillie
69.	Radionuclide Full Business Case	
	<p>The Committee considered the Radionuclide Full Business Case [Paper 24/43] presented by presented by Professor Tom Steele, Director of Estates and Facilities, for approval.</p> <p>Professor Steele provided an overview of the work that had been carried out in relation to the relocation of the Radionuclide Dispensary Unit, currently based at the Western Infirmary Site. The current site lacked the necessary capacity to accommodate evolving service demands and confront operational obstacles. The relocation to Gartnavel would provide a contemporary facility, capable of fulfilling production needs while integrating technological advancements.</p> <p>The Committee noted that the preferred strategic solution continued to be a West of Scotland Centralised Facility within NHSGGC, with Gartnavel identified as the preferred location. A detailed financial overview supporting the preferred option of relocating the Research and Development service to Gartnavel General Hospital was provided. The analysis encompassed capital and revenue costs, and affordability considerations. The Committee noted that, if approved, construction would commence in October 2024, with completion expected in May 2026. The Committee were advised that MHRA were required to measure and approve the quality, therefore there would be a period of performance qualification/MHRA licence, which would take place between 6 months -1 year. The Committee noted that the change to the procurement route had resulted in a total project saving of approximately £2.5m. The Committee noted the benefits to the users and the service.</p> <p>In response to a question regarding MHRA visits and whether MHRA were content with the current facility, the Committee were assured that MHRA visited the facility every year to carry out a review and outline improvements and relationship between NHSGGC and MHRA was positive. The last visit was held from 4th-6th December 2023 MHRA were clear that the facility had reached the end of life and NHSGGC were on a journey to replace the facility.</p> <p>In response to a question regarding construction commencing in October 2024, the Committee were assured that the timescale was</p>	

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	<p>manageable. The Scottish Government were set to receive the Business Case in September and were fully aware of the criticality of the project.</p> <p>In response to a question regarding a delay to funding, the Committee received assurance that the project had been included in the Capital Plan and had a dedicated funding stream. It was likely that funding would be in arrears, however, discussions with Scottish Government were ongoing regarding what phasing would look like.</p> <p>The Committee were content to approve the paper for submission to the NHSGGC Board in August 2024.</p> <p>APPROVED</p>	
70.	Research and Innovation Strategy 2024-2029	
	<p>The Committee considered the Research and Innovation Strategy 2024-2029 [Paper 24/43] presented by presented by Dr Jennifer Armstrong, Medical Director, for approval.</p> <p>The paper described need for NHSGGC to be efficient in developing a more agile approach to Research and Innovation over the next five years, noting research and innovation activity relied on both commercial and non-commercial clinical research.</p> <p>A key focus of the Strategy was inclusivity, by raising awareness and providing the opportunity for patients to take part at every point in their healthcare journey. In response to a question regarding the impact of initiatives on performance, the Committee noted that building on the use of technology, including Artificial Intelligence, would have a positive impact highlighting the digitalisation of the Pathology Department had led to huge benefits to the department.</p> <p>The Committee noted thanks to Professor Julie Brittenden for the hard work carried out to set the Strategy on the current path.</p> <p>The Committee were content to approve the paper for submission to the NHSGGC Board in August 2024.</p> <p>APPROVED</p>	
71.	Medium Term Plan	
	<p>The Committee considered the Medium Term Plan [Paper 24/45] presented by Dr Jennifer Armstrong, Medical Director, and Ms Claire MacArthur, Director of Planning, for assurance.</p>	

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	<p>The paper provided an update of the progress in delivering the 3 year NHSGGC Medium Term Plan 2023-2026 and included a detailed Annual Delivery Plan. Both plans were required to support the same ten national recovery drivers.</p> <p>Ms MacArthur reported that significant progress had been made at the end of the first year.</p> <p>In response to a question regarding recruitment and retaining staff, the Committees were assured that incentives included a clear career pathway and personal development.</p> <p>In response to a question regarding developing the target model, the Committee noted that work was ongoing to utilise assets within the community and received assurance that there was active engagement to support work within the community.</p> <p>The Committee noted that discussions would take place regarding how further assurance could be provided in future reports regarding the progress updates.</p> <p>The Committee were assured by the report provided.</p> <p><u>NOTED</u></p>	
72.	Delivery Plan – Quarter 1 Summary Report	
	<p>The Committee considered the Delivery Plan – Quarter 1 Summary Report [Paper 24/46] presented by Dr Jennifer Armstrong, Medical Director, for assurance.</p> <p>The report provided a summary of the progress of implementing the actions associated with the NHSGGC Delivery Plan 2024/25. The first quarterly monitoring report would be submitted to the Scottish Government by Friday 16th August 2024.</p> <p>The NHSGGC Delivery Plan Action Tracker for 24/25 contained 121 actions. The actions had been derived from the deliverables stated in the Delivery Plan and aligned to each of the 10 Recovery Drivers. All actions were developed and agreed in conjunction with Service/Executive Leads for each Recovery Driver.</p> <p>As at the end of Quarter 1, there were 4 actions completed and 106 actions on schedule. There were 11 actions “at risk”. These were in various areas, including eHealth, funding and sickness absence.</p> <p>The Committee noted that discussions were ongoing in relation to the new “Hospital at Home” model and various meetings with Health Visiting</p>	

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	<p>had taken place. The Committee noted that a paper in relation to Hospital at Home was due to be submitted to a future IJB Board meeting.</p> <p>The Committee were assured by the report provided.</p> <p>NOTED</p>	
73.	Financial Monitoring Report: Month 3	
	<p>The Committee considered Financial Monitoring Report [Paper 24/47] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil reported that at the end of month 3, the Board were reporting an overspend of £34.91m, of which £23.40m was attributed to unachieved savings and a pay and non-pay overspend of £11.51m. The majority of the overspend was in Acute. Partnerships had a total breakeven, however, Mr Neil highlighted that utilisation of reserves had been required to achieve this position.</p> <p>There had been a reduction in the usage of Nurse and Medical Agency spend, however further reduction in usage was required. Primary Care Prescribing was a significant pressure, with a £20.9m forecast overspend April 2024 to March 2025.</p> <p>The Sustainability and Value Programme had achieved £18.4 million on a full year recurring basis. On an in year basis (recurring and non-recurring) £129.3m had been achieved. There were forecast pipeline savings of £142.8m (63%) against the £226.9m challenge, with £40.2m (31%) against the £128m recurring target.</p> <p>Mr Neil reported that the total capital expenditure incurred to 30 June 2024 was £6.8m, this amounted to 12% of the current capital budget of £58.5m. At month 3, £31.1m (53%) of the total capital allocation had firm orders or incurred spend which was in line with expectations for the start of the year.</p> <p>Mr Neil summarised the overall financial challenge for the Committee. The Committee noted that not all sectors and directorates had identified 50% of their savings target by the end of Quarter 1 and, as a result, the Board were still facing a significant financial gap.</p> <p>In response to a question regarding whether agency spend could be fully eradicated, the Committee received assurance that this was the lowest level of usage to date, and work remained ongoing to build on this.</p>	

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	<p>The Committee were assured by the report and noted that the current financial position would be reported to the NHSGGC August Board.</p> <p><u>NOTED</u></p>	
<p>74.</p>	<p>Performance Report</p>	
	<p>The Committee considered the Performance Report [Paper 24/48] presented by the Director of Finance, Colin Neil, for assurance.</p> <p>The report provided an update on performance against the key indicators as outlined in the Performance Assurance Framework for the period up to and including June 2024.</p> <p>The Committee noted that overall performance was positive. He noted that areas of performance improvement included the latest quarterly position for Alcohol and Drugs Partnership remained positive at 93.6%. This exceeded the national target of 90% and the national position of 91.9% for the same period. The number of GP Out of Hours shifts that remained open were 99.7% during June 2024. This continued to by far exceed the 90% local target.</p> <p>The Committee noted that MSK Physiotherapy waiting times performance remained a challenge, with the focus remaining on reducing the longest waiting times. The Committee also noted that Acute and Mental Health Delayed Discharges saw a slight increase.</p> <p>The Committee discussed the Delayed Discharges performance and noted that discussions and work were ongoing in relation to this.</p> <p>The Committee were content to note the update provided.</p> <p><u>NOTED</u></p>	
<p>75.</p>	<p>Corporate Risk Register</p>	
	<p>The Committee considered the Corporate Risk Register [Paper 24/49] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan reported on the risks that had been reviewed since the previous meeting of the Committee. Two risk reviews had been completed and the risks had been re-scored. The Risk score for 3051, Ageing Infrastructure, had been increased from 16-20. Patients Delayed in their Discharge had been reviewed, however no change to risk score was proposed.</p>	

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	<p>In addition a new risk had been added around Public Inquiries, Police Investigations, Fatal Accident Inquiries, other Reviews and Inspections. These changes had been fully reviewed.</p> <p>A full review of risks in relation to Regulatory Body Compliance and Medicines Costs and Funding Availability were underway. Whilst there were no changes to these risks, significant work was ongoing to review the risks. An update would be presented when the review had been finalised.</p> <p>In response to a question regarding whether there was a route back to lower the risk score of the ageing infrastructure, the Committee noted that would be challenging without significant financial investment. The Committee noted the Scottish Government were carrying out an infrastructure review, due to be completed at the end of the financial year. The results of the review would be presented the Committee in due course.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><u>APPROVED</u></p>	<p>Ms Heenan/Mr Neil</p>
76.	Closing Remarks and Key Messages for the Board	
	<p>The Chair closed the meeting and thanked everyone for their contribution to the important topics covered.</p> <p><u>NOTED</u></p>	
77.	Date and Time of Next Scheduled Meeting	
	<p>The next meeting would be held on Tuesday 8 October 2024 at 9.30 am via MS Teams.</p>	